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CONFIRMATION NO. 2408

<b>SERIAL NUMBER</b> 10/776,414	<b>FILING OR 371(c) DATE</b> 02/11/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3774	<b>ATTORNEY DOCKET NO.</b> 101896-239 (DEP5150CIP)
<b>APPLICANTS</b> Jonathan Fanger, Fall River, MA; Eric D. Kolb, Quincy, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/664,575 09/17/2003 which is a CIP of 10/409,958 04/09/2003 PAT 7,416,553 and is a CIP of 10/609,123 06/27/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/07/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 73
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 7		
<b>ADDRESS</b> 21125				
<b>TITLE</b> GUIDE FOR SPINAL TOOLS, IMPLANTS, AND DEVICES				
<b>FILING FEE RECEIVED</b> 2468	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	